

LDL- _____
(INTERNAL USE)



LIMITED DURATION LICENSE APPLICATION (LDL) Sampling

Event Name: _____

Business Name: _____

Applicant Information

Name: _____
Address: _____
Phone Number: _____
Email: _____

Activity Information

Location of Activity: _____

Public or Private Property? ☐ Public ☐ Private

Site Plan/Aerial Included? ☐ Yes ☐ No

Dates of Operation: Open: _____ Close: _____

Hours of Operation: Open: _____ Close: _____

Items Sampled: _____

Type of Set Up: ☐ Cart ☐ Within Tent ☐ Booth ☐ Truck ☐ On Foot
☐ Other _____

Photo/Mock Up Included? ☐ Yes ☐ No

Phone Number (must be attended to at all times during activity period): _____

Emergency Contact: _____

Names of Samplers: _____

Total Number: _____

Waste Disposal Plan: _____

Contact Information: _____

By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to activities identified herein whether caused by negligence of the City or otherwise. I affirm, under the penalties of perjury, that the foregoing representations are true.

Signature: _____

Date: _____

Department of Code Enforcement | Business Licensing

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